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Triaging Overflow: a case study of the ‘Gateway Assessment’ in the UK Citizens Advice Service

Abstract

This article explores the impact upon the work of the UK Citizens Advice Service of the ‘Gateway Assessment’ system, a ‘triage device’ rolled out across Citizens Advice Bureaux in England and Wales from 2007 onwards designed to deal with an overflow of client needs.

The paper addresses the history of ‘triage’ as a method for dealing with an excess of problematic bodies, before describing how a demonstrable need for systems to organise an overflow of advice needs within Citizens Advice Bureaux led to the emergence of triage as a ‘technique of government’ that would re-shape the advice process. Yet, as an attempt to regulate ‘from above’ the front-line of the Citizens Advice service, it met forms of resistance as existing practices of advice work and local situations fell into conflict with the inflexibility of the Gateway Assessment Process. The paper describes how implementation of the Gateway Assessment involved acts of compliance and acts of resistance, followed by a jostling between actors and a reshaping of the spaces of regulation, resulting in the ‘Gateway Plus’ model in which triage can slip into advice where necessary. We argue that this process displayed a conflict between a framing of overflow as an excess of countable bodies and one of problem-bearing subjects, the latter being derived from the relational and voluntary practice of advice.

Introduction

Systems of triage are becoming increasingly ubiquitous in the United Kingdom (UK) as public-facing services attempt to balance increasing demand with diminishing resources. Key social changes taking place in recent years in the UK, notably cuts to the benefits system (O’Hara, 2015) and to legal aid (Hynes, 2013) resulting in diminishing help available from law centres (Mayo *et al*, 2015) and solicitors (Maclean *et al*, 2016), have resulted in an overflow of problem-bearing subjects. In the case of the Citizens Advice service, this experience of excess is given a daily manifestation in the queue forming outside the service door, as well as in the ensuing disappointment and frustration of those potential clients who must be told that, despite the time they have spent waiting, there is not sufficient capacity for them to be seen.

In this article we consider the introduction of the ‘Gateway Assessment’, a triage system introduced into the Citizens Advice service, and which became a required form of operation for all local Citizens Advice Bureaux in England and Wales, which aimed, borrowing the terminology of Callon (1998: 248), to ‘frame’ the overflow of clients and seek to contain it. Considerable attention has been paid to the varied ‘gatekeepers’ that manage the intake of flows in such situations (De Meulenaere *et al*, 2012); in the field of news broadcasting Czarniawska notes the mis-naming of this role given their

tendency to act as ‘active *contributors* to information flow and overflow’ (Czarniawska, 2012:50, our italics). This article focuses upon how the Gateway Assessment, as a ‘triage device’, sought to tackle overflow through the *regulation* of the ‘gatekeepers’ – in this case front-line advisers. It tracks the contested and uneven implementation of this ‘technique of government’ through an attention to the ‘relational’ work of the advisers and conflicting framings of overflow itself.

While narratives of austerity imply scarcity and contraction (Clarke and Newman, 2014), we feel it is important to show that triage, as a system for tackling overflow, carries regulatory functions that exceed the simple management of (potential) clients: showing overflow to be a site of opportunity as well as difficulty (Czarniawska and Löfgren, 2012:2). Triage is shown to be a mechanism or ‘device’ of government that, whilst being aimed at regulating the flow of service users through a service, also regulates those who are responsible for delivering the service. ‘Triage devices’,¹ in setting out hierarchies of need and protocols for deciding who is ‘treated’ and in what order, implement new understandings of *what* a service is and *who* it is meant to serve. By paying attention to the accounts of those working within this service, we demonstrate in this paper how these new understandings of both service providers and users can meet significant resistance as they are imposed upon a field of service delivery.

In the case study addressed in this paper, advisers and managers contested both the practices involved in the initial triage assessment and the expertise that was required to operate a successful first stage of triage (clients could be seen to perform their own form of resistance, namely failing to return for the follow-on appointment). We argue that this resistance can be understood as a conflict between an imagining, among those who design systems of triage, of a system designed to regulate flows of bodies, and an understanding, among advisers, of advice as a relational practice of dealing with problems. Understanding the relational aspects of regulatory systems is, we argue, of particular importance in a service such as advice which relies on the voluntary engagement of both advisers (who in CAB are largely volunteers) and of clients: the emotional attachment to both advice-giving and advice-receiving is critical to its effectiveness.

As we demonstrate in this article, attempts at top-down regulation that are met with resistance can subsequently be reshaped at the ‘ground’ level. We examine the ways in which the expertise of advisers and bureau managers at one particular bureau created local amendments that ensured that advisers continued to be engaged in delivering a service they were committed to and considered effective, at the same time enabling a shift in established practices that could help increase the flow of clients through the service. These bureau-led modifications have been mirrored in a new form of triage system, ‘Gateway Plus’, which, from 2014 onwards, was rolled out by Citizens Advice throughout the country.

The article proceeds as follows. We begin by addressing the history of triage as an idea, system and device, before considering triage as a form of regulation by drawing on the governmentality literature, noting the ways in which triage devices shape behaviours and relationships (to take the often-repeated phrase, the ‘conduct of conduct’). We turn next to our case study: the ‘Gateway Assessment’ system introduced within the Citizens Advice Service. We describe first the important organisational dynamics of Citizens Advice as a national organisation with an extensive network of local, semi-autonomous bureaux and the identification at the local level of a need for ‘demand management’ systems. We then describe the Gateway Assessment system as devised by Citizens Advice and rolled out as a requirement of local bureaux as members of the national organisation.

¹ An early draft of this paper was presented to the workshop ‘Triage Devices: how organizations manage commitments’ held at Goldsmiths College, London, 27th February 2015. We are grateful to the workshop organisers, Monika Krause and Nils Ellebrecht for providing us with the opportunity to think differently about our data; and to the workshop participants for stimulating discussion and feedback

In the third section, drawing upon our conversation with Sue Evans, Director of Bristol Citizens Advice Bureau, we turn to certain critiques and failures of the Gateway Assessment as it was first introduced, first from the perspective of advice clients and then from advisers and managers within the Service. We then describe how these critiques have led to modifications to Gateway at the level of local CABx, which have fed into a revised triage model, namely ‘Gateway Plus’.

In the conclusion we reflect on the lessons that might be carried into other domains from this case study of triage as regulation, focusing in particular upon the importance of considering the relational aspects of regulation and the implications of triage as resource regulation in voluntary organisations.

The emergence of triage as a ‘technique of government’

The introduction of triage as a system of ordering and prioritising of workload is typically attributed to Dominique-Jean Larrey, surgeon-in-chief to the Napoleonic armies from 1797 until Waterloo (Robertson-Steel, 2006). Larrey wrote of the importance of assessing wounds or illnesses in order to decide who to treat first:

Those who are dangerously wounded must be tended first, entirely without regard to rank or distinction. Those less severely injured must wait until the gravely wounded have been operated on and dressed. The slightly wounded may go to the hospital line; especially officers, since they have horses and therefore have transport – and regardless, most of these have but trivial wounds (cited in Blagg, 2004)

Whilst the varied forms of medical triage appearing in the intervening centuries can be separated into different forms depending upon situations and upon different assessments of the optimal outcome (see (Moskop and Iverson, 2007 for an overview), they nonetheless adhere to the principles established by Larrey: factors that might otherwise determine importance (such as wealth, rank, or being first in the queue) are ignored in favour of an initial diagnostic assessment through which patients are sorted according to a pre-defined framework.

The considerable research into the use of triage in the field of medicine (Krause, 2014:15) can obscure the extent to which triage ‘devices’ have become increasingly common across other public sector fields as institutions, seeking to manage their commitments within limited means, find themselves having to make ‘tragic choices’ regarding resource allocation (Calabresi and Bobbitt 1978). Nonetheless, while triage-type systems are in place across Europe and elsewhere in institutional areas such as benefit offices and IT service delivery (Bernhard and Grundén, 2013), the primary space in which most UK residents will have encountered such systems is indeed in medicine; all UK GP practices are now required to operate a telephone triage system as a filtering mechanism for patients who request a same-day appointment with a doctor. A study of ‘nurse-triage’ (which predates the present system), demonstrates procedures similar to the advice service system we have studied. Here, patients were directed by the receptionist to the triage nurse, who:

then speaks to the patient, usually by telephoning her/him back at an arranged time, and offers a range of solutions to the patient’s problem. These solutions range from advice on self-care, an appointment with a nurse, a ‘routine’ appointment with a doctor or a ‘same-day’ appointment with a doctor. (Charles-Jones et al, 2003, FN5)

As Larrey’s list of medical priorities demonstrates, triaging requires expert judgement to decide on the level of need (in this case, severity of injury). Yet a medical practitioner faced with a person in pain will want to treat that person; as such the triage nurse in this case must act *differently* to a regular

nurse (the role they may inhabit for the rest of the day). The triage system must prioritise need by superimposing on top of medical expertise a set of judgements about capabilities as to who can seek assistance elsewhere or can treat themselves. Where such triaging roles are taken on by *different* actors, as was the case in Bernhard and Grundén's (2013) study of IT service desks, such judgments can lead to fears regarding the side-lining of expertise and a loss of 'spontaneous' contact with clients (207).

Another characteristic of this role, and of systems of triage, is that knowledgeable decision-makers act as gatekeepers to higher levels of expertise. This is often a mechanism for saving money: less expensive staff resources are used to filter out who should be seen by the more qualified expert. Examples of this can be found in triage systems outside medicine, for example shaping the prioritisation of resources in education systems (Booher-Jennings, 2005) and conservation ecology (Bottrill *et al*, 2008). It is also evident in the case study – the field of advice – addressed in this article.

Similarly for all organisations seeking to manage demand with limited resources; *managerial* expertise seeks to govern front-line practitioner expertise, setting out what action should be taken in the light of practitioner judgement in order to meet the rationalities of the organisation. A study by Greatbatch and colleagues of the introduction (in 1998) of NHS Direct² shows this. The system of triage was known as the Clinical Assessment System (CAS), and was intended by senior managers to

limit the autonomy of individual nurses in order to ensure consistency and safety, to lessen risk, and to provide a standard level of health advice regardless of the time of calls, the locality of callers, the sites answering calls, or the different backgrounds and specialties of nurses (2005,804).

As is clear from these observations, triage systems, in order to produce standard responses, are not only systems that limit and direct the users of the service, but are also systems that have disciplinary effects on the staff who are administering the system. Thus triage systems, as mechanisms for promoting efficient and effective use of resources, regulate, discipline and manage a labour process and set of workers. It is in this light that the application of such systems can be seen as a technique of government: what Foucault describes as "a right manner of disposing things so as to lead ... to an end which is 'convenient' for each of the things that would be governed" (Foucault, 1991, 95). Such an analysis raises key questions for our study: who (or what) is being governed, and how? How are practices organised and what specific expertises come into play? What form of subject/s is/are being envisioned, and how does the system of triage attempt to work on, or shift, those subjectivities? (c.f. Dean 1999).

Returning to the example of NHS Direct, it is in the forms of resistance to the triage device, in this case the Clinical Assessment System, that responses to these questions became clear. The research study showed that, through bending and reshaping the mechanisms of governance, the nurses delivered the Clinical Assessment System in a variety of ways and 'in so doing, privilege[d] their own expertise and deliver[ed] an individualised service' (Greatbatch *et al* 2005: 802):

[The Clinical Assessment System] as a means of standardising service delivery will achieve only limited success due not only to the professional ideology of nursing but also to the fact that rule-based expert systems capture only part of what experts do (2005: 804).

2 NHS Direct was a national 24-hour nurse-led service which offered health advice and information via the telephone, "designed to provide citizens with easy access to professional medical advice on the most appropriate forms of care" (Greatbatch *et al* 2005, 803). NHS Direct was closed in March 2014.

In what follows we track the forms of resistance to, and eventual reshaping of, the Gateway Assessment. Moreover, we draw attention to the ways in which a mechanism of governing, implemented as an attempt to mitigate conditions of overflow, led to *specific* acts of resistance, located in the work of advisers. Key to understanding these processes, we argue, is the recognition that ‘what experts do’ is not simply the application of particular sets of expert knowledges; crucially, what they do is tied up with their motivations for engaging as experts and the relationships created as part of their expert practice and emotional engagement. Services such as Citizens Advice, we argue, must be understood in their *relational* specificity, meaning that they involve humans with emotions, motivations and histories (e.g. Cooke and Muir, 2012); both adviser and client are individuals already enmeshed in relationships, as opposed to things that can be conveniently sorted and arranged. A triage system needs to be understood not only as a technocratic process for controlling the allocation of resources, but also in terms of the effects of its attempts to shape the conduct of practitioners ‘composed of relationships, links and collectivities’ (Silbey, 2011:5).

The Citizens Advice Gateway Assessment system: a case study in the implementation of triage

The Citizens Advice service

Citizens Advice is the largest voluntary sector advice provider in the UK. Unlike other national services (such as the housing charity Shelter), it provides a ‘generalist’ service, meaning that advisers are ‘equipped to deal with any issue’ (Citizens Advice, 2016); nonetheless the majority of queries focus on four key areas: welfare/benefits, debt, housing and employment. As these are highly legalised spheres (McDermont, 2012) the role of advisers, as many of our participants described it to us, is to bridge the gap between the complex and inaccessible language of law and the everyday language of clients.

The Citizens Advice service comprises the national charitable organisations Citizens Advice (CitA, for England, Wales and Northern Ireland) and Citizens Advice Scotland (CAS), and the local offices known as ‘the bureau’ or ‘the CAB’,³ each registered independently as a charity. CAB were first established in 1939, set up to meet the anticipated needs of the civilian population arising out of the chaos and crisis of war (Citron, 1989: 3). The service has waxed and waned in the decades since, suffering a significant retraction in the 1950s and ‘60s before growing on the back of its connection to the consumer movement (see Hynes, 2013; Citron, 1989). At the time of writing 338 bureaux operating from 3,300 locations in England and Wales, 28 in Northern Ireland and 61 in Scotland (Citizens Advice, 2016; Citizens Advice Scotland, 2016). Two dynamics of the service, derived from this history, are of particular importance to this paper: its role as a *volunteer* service, providing advice *for citizens by citizens*; and the relationship between the parent or ‘umbrella’ organisations and the semi-autonomous local bureaux.

Citizens Advice at the local level are reliant upon volunteers for advice delivery. Volunteers undergo a rigorous training programme to become a ‘generalist’ adviser, which takes around nine months and requires a day-and-a-half’s commitment per week. To varying degrees, bureaux will also have ‘specialist’ advisers, typically in paid posts, whose particular role changes from bureau to bureau. If there can be said to be a standard model of advice delivery, it is for the front-line advice service to be carried out by volunteer advisers, backed up by a system of paid supervisors in the back office, with specialist advisers carrying out complex casework and (in some instances) in-court representation. As

³ CitA has recently undergone a rebranding exercise, one result of which was to remove the term ‘bureau’, which was considered old-fashioned. However, we have found it difficult to come up with another term which denotes the local offices of Citizens Advice, and so have maintained the usage of ‘CAB’ in this article.

we shall see below, some of the challenges faced by bureaux in introducing a system of triage was in managing and regulating these key resources given the particular imaginings of advice-work held by the individuals in these roles.

CitA and CAS are more than ‘umbrella’ organisations; they are central membership organisations that provide resources to their members, the local bureaux, including the development and maintenance of Advice Guide⁴ (the publicly accessible information system) and AdviserNet (the much more detailed databank of resources available to advisers). The training programme for volunteer advisers, whilst delivered locally, relies on materials prepared at a national level. They provide a co-ordinating role: through nationally-developed and maintained databases of bureaux clients they can bring together data from the local bureaux concerning their clients, problems and the actions taken to resolve them. This database, (PETRA in England and Wales, CASE in Scotland), enables the national organisation to base its social policy objectives on the data gathered daily by individual bureau. This increasingly fluid relationship between the individual CAB and the centre (Jones, 2011:736) in turn is seen by Citizens Advice as enabling them to exercise a ‘responsible influence’ upon government policy.

Thus, whilst local bureaux operate to a certain extent as autonomous organisations, each being a separately registered charity with its own boards of trustees, as members of the national body they are required to act in certain ways. So, for example, bureaux are required to operate the relevant database system and to submit to a periodic audit of advice provision. In 2007 CitA (but not CAS, at least not during the period of this study) introduced the implementation of the Gateway Assessment system as a requirement of membership. We argue that the relationship between centre and local is (in part) a *regulatory* one: the national organisations at times seek to control the behaviour of local bureaux. However, as this case study demonstrates, regulation is rarely uni-directional; local actors not only have the possibility of resisting regulation, but of reshaping regulations, becoming themselves part of the process of regulation (see e.g. Scott, 1997; McDermont, 2010).

The research study

The article draws on data gathered as part of the ‘New Sites of Legal Consciousness: a case study of UK advice agencies’ research programme.⁵ Two of the three research projects in this programme looked at the operation of Citizens Advice bureaux; one examined the role of CAB in supporting clients with employment disputes; another focused on the understandings of advisers of citizenship and legality. For both projects, we conducted interviews with advisers, managers and trainers at bureaux across England, Scotland and Northern Ireland. Whilst the article draws particularly upon the 12 interviews and 2 focus groups we conducted with bureaux managers, it will pay particular attention however to the experience of Bristol.

The researchers have had a close working relationship with the Bristol bureau for a number of years. The concerns of the Bristol bureau have considerably shaped our research programme and one of the researchers trained as an adviser at the bureau as part of his role of researcher. We came to understand the particular requirements and challenges of the Gateway system through a piece of collaborative research, a telephone survey of 1200 clients following the introduction of Gateway which sought to understand the experiences of clients directed down the different pathways following the initial triage assessment.⁶ The Bristol CAB introduced the Gateway system in 2010 as part of a series of changes to

4 As of July 2015 Advice Guide is simply ‘Citizens Advice’; we have retained the name in this paper as it was still in use during our research and continues to be used by advisers.

5 Funded by the European Research Council, Starter Investigator Grant award ref: 284152; see website www.Bristol.ac.uk/adviceagencyresearch/

6 Made possible by a grant from the ESRC-funded Economic Impact of the Third Sector Research Centre. See the Triaging Advice: the Citizens Advice Gateway system available at www.Bristol.ac.uk/media-library/sites/law/documents/new-sites-publications/Triaging%20Advice%20Report.pdf

meet the particular challenges faced by a busy urban Bureau. Many of our reflections were formed by discussions with the current Director of the Bristol CAB, Sue Evans. These discussions were crystallised in an interview we conducted with Sue Evans in 2015, drawn upon throughout this article, in which she discusses a number of serious problems she identified with the Gateway system on arriving in post in 2011 and the ways in which an amended version of the triaging system was developed by the Bristol CAB.⁸

We recognise that there are significant challenges in pursuing this form of collaborative work; in placing the perspective of Sue Evans, as an actor who played a role in re-shaping the Gateway system at the local level, at the centre of the paper, we take the risk of becoming overly embedded within the form of change we are studying. Nonetheless, taken in combination with our other fieldwork practices described above, we believe that it is this proximity that allows us to remain attentive not only to the Gateway System as it was framed in technical and institutional terms (and subsequently re-framed), but also to how this process of change was shaped by the *experience* of this ‘triage device’ among those within the Citizens Advice service. Thus, while our embeddedness carries certain risks – to which we have sought to be alert to at all times – it has also allowed us to uncover the emotional and relational dynamics of advice work that were central in the implementation of, and resistance to, the Gateway system.

The need for triage and the Citizens Advice system

The need for a triaging process, as many Bureau managers noted, dates from well before the introduction of Gateway. As Sue Evans notes;

When I was last working for CAB and demand was building up through the 1990-2000 recession, .. Bureaux started meeting a level of demand they couldn't cope with and Bureau managers invented their own concept of triage.

Indeed this experience of having developed Bureau-specific systems was noted by several managers;

This whole Gateway thing they've set up – we've been doing that kind of thing – I first set up our first demand management system when I was managing our Bureau in [local area] in 1987 – 1989 I think we set that up. We've been doing that triage thing in different models as time went by [Penny,⁹ Manager, urban bureau].

For bureaux the need for triage systems was defined by inadequacies of space and resources. The physical locations available for service delivery were not able to accommodate demand, and long queues of clients developed, many being left waiting outside or in cramped, airless waiting rooms. Those unable to queue or unseen at the end of the day might not return, their problem continuing to escalate until there was little the service could do to help. Supervisors felt that those on the front line were spending too much time on individuals with ‘quick’ problems as recompense for the time they had waited and that urgent problems (which typically means imminent bailiff action or eviction from a home) were not seen quickly enough.

The Gateway Assessment system sought to manage these problems by introducing an assessment interview carried out by a Gateway Assessor, limited to 10 minutes, in which *no actual advice would be given*. This new actor in the bureau, the Gateway Assessor, would ask a fixed set of questions in order to ‘place’ the client into a particular problem area (e.g. benefits, debt, housing) and grade them along two axes (how serious is the problem, and how capable is the client of solving the problem on

⁸ Given the centrality of this interview and these conversations we have named Sue Evans as a collaborator in this paper.

⁹ With the exception of Sue Evans, all names used in the paper are pseudonyms.

their own) (Citizens Advice, 2007 cited in Jones, 2010). The intended outcome of the assessment interview was to determine the correct advice path for the client: to be referred elsewhere; to be given a full advice appointment; or to be given instructions to solve the problem themselves.

The Gateway system introduced to CAB was one that sought to be ‘robust’ (as one manager put it); a fixed set of questions that could be applied in every situation, with further problem-area specific questions. The Gateway Assessor would only have access to the public-facing information system Advice Guide; they did *not* have access to the much more detailed AdviserNet that was the key resource for advisers.

The Gateway approach was considered as a fundamental change by some of the advisers and managers we interviewed for reasons that will be explored in the next section. Perhaps the most fundamental was that it required that the first point of contact between a client and the advice service was to be with a person *not* fully trained in giving advice. Volunteers who were trained as Gateway Assessors underwent a much shorter training, one that was focused on the Gateway Assessment rather than advice. Gateway has similarities with other triage systems of using a less trained person to act as filter and gateway to the more highly trained, generally paid (and so more resource-heavy) expert.

Gateway Assessment proved controversial (Jones, 2011:732) even before CitA made the system mandatory in 2010. For the advisers taking part in one of our adviser Focus Groups the number of ‘damn good people’ lost during the transition to Gateway was a source of particular disgruntlement whilst another manager described it as ‘completely inflexible’, noting that ‘it doesn’t work well and it’s basically an invitation to Bureaux to send people away’ (Harriet, Manager in an urban bureau). In the years since its introduction many of the Bureaux we engaged with had sought to adjust or fashion their own form of Gateway. In the next section we will address these criticisms and adjustments, again paying particular attention to the case of Bristol.

Gateway Critiques

The advice process, for it to be effective, relies on the adviser and the client developing a relationship; the client needs to have an emotional investment in sorting the problem(s) and so co-operating with the adviser in finding a resolution (Kirwan, 2016). The advice process therefore assumes that both client and adviser are thinking, acting subjects who enter into relations with one another. Triage as regulation, however, sees them differently. In particular, the Gateway Assessment process, through the design of the assessment interview, assumes that clients are more like faulty machines that can be diagnosed through a series of tests and then sent on a pathway dependent on the test ‘results’. As Sue Evans explains, this over-simplistic ‘model’ of the client (and the adviser) caused problems from the outset:

[W]hat was happening,.. with Gateway, .. there’s a very limited list of questions you can ask .. So if it’s a benefits problem, you will go into your little book and these were the questions you asked. They’re diagnostic questions. The problem is, the client doesn’t come in with that tidy head and that tidy set of questions and answers. The client comes in, as clients do, going all over the place with all these problems and their mind’s in a mess and they want more than that. So the problem you’re having is you have a very high demand, you have people coming in who are stressed, who are angry, who are frightened, who are any number of things – depressed, mentally ill. And they are also coming in with the expectation that something will be done for them that day, and that’s a real issue, because when you go to something like an advice agency, I think you think, today’s the day my problem’s going to be solved, they’re going to tell me what to do today – and that’s not what Gateway’s about. Gateway is assessing what could happen for you, making you appointments and sending you away. Now in a very busy Bureau, that often means sending you away for 2 or 3 weeks. You imagine the stress in that. You’ve built yourself up and it takes a lot of confidence to come in with a

problem sometimes – you’ve built yourself up to that, you’ve walked through the door, you’ve taken your number – because it’s run like a supermarket deli counter. ... you come through the door, you’re given a number, a yellow Perspex number, and you’ve gone through all the indignities of that, because I don’t think it’s great. And then you find you’ve got a 10-minute diagnostic interview, at the end of which the adviser says, ‘yes, we can do something for you, can you come back in 3 weeks?’

One striking indicator of the extent to which the system was not working was the level of disengagement among clients: not only were many extremely angry that they would not receive help that day, but around 40% did not turn up for the follow-up appointment. Whilst the Bureau sought to manage expectations by giving a short talk to all those in the waiting room at the beginning of the day, this was only heard by the first 20 or so clients. However, as Sue Evans noted, there were many barriers to clients understanding what Gateway was meant to do: language difficulties, other forms of sensory impairment, and the emotional states in which clients presented to the bureau, meant that ‘with the best will in the world, I still don’t think they really understand it a lot of the time.’

In addition, the system was causing a great deal of stress for advisers. This could be seen in the high level of turnover among assessors within the bureau, though as Sue Evans noted, this was not only due to the levels of stress involved but also to the restrictive nature of the assessment:

you had a frustrated client who wanted more and you had a Gateway Assessor who didn’t have advice work training per se, not what I would call proper advice work training, had no concept of what was going to happen in the next interview, didn’t have access to information, and was then left to book this client into an appointment, couldn’t explain what was going to happen next, couldn’t explain why they were going to have an appointment, couldn’t explain what they needed to bring to the appointment, and just didn’t have that mental picture

Assessors with experience of advice could often see that the person didn’t need a follow-on appointment; they simply needed a phone call made or a letter written. As they were not allowed to make this small step, they would have to book clients in for appointments which often weren’t kept, meaning that appointment time was wasted and work was queued.

In sum, the picture painted by Sue Evans was one in which, as a result of trying to see as many people as possible, the Gateway system was leading to client and volunteer disengagement, severely debilitating the advice process as a whole. The Bristol experience had resonance with those of other bureaux, where critiques of the Gateway Assessment were raised from a number of different angles and experiences. In order to describe and analyse the range of problems experienced with the Gateway system we examine the four objectives that our interviewees identified as being the key aims of a triage system: i) to see as many of the people who seek to access the service as possible; ii) to engage them in the advice process; iii) to direct those people to the correct services; and iv) to prepare them for the next stage. The problems identified with the Gateway Assessment system in its initial form generally arose from a failure to serve one or more of these objectives.

i) See as many people who access the service as possible

None of the managers or advisers we interviewed disputed the necessity for a triage system. In the context of an overflow of advice needs, resulting from rising demand for advice and the effects of cuts to legal aid upon other advice providers (Mayo *et al*, 2015), allowing the maximum number of people to pass through the door and giving them some form of contact was seen as essential. Nonetheless, even in terms of meeting this first objective, the Gateway format produced its own forms of exclusion, as Sue Evans described in connection with the drop-in service operating in Bristol;

Access to CAB drop-in services generally is survival of the fittest. To guarantee to get into our face-to-face service, you have to be fit enough and free enough in time to be able to be

queuing up outside our door at about half past 8 in the morning in all weathers and be patient enough to wait till half past 9 when the door opens, and then you have to be able to stay for an hour or so after that, because it's a long old process. Now, that excludes all sorts of people. It excludes people who go to work. It excludes people with disability. It can exclude people who just have to take children to school because you've missed the boat - by the time you've taken the kids to school and got into town, it's 10 o'clock and the place is crowded. .. although it is an open service, it's not that open because of the demand levels and how the demand is managed.

Rural bureaux face their own problems in getting the most seriously-in-need people to the front door in the first place; money and personal mobility problems in particular significantly affect one's ability to travel, as one manager described:

I think the isolation that people are experiencing were actually part of our problem. We were actually part of the problem in that we weren't answering the telephones, for example, so we were the ones who were excluding people, or making them get on buses that they couldn't afford, or get into cars that were not good in terms of climate and energy use, etc. So we were actually part of the isolating problem. [Gordon: Manager in a rural bureau]

Thus, whilst the Gateway Assessment system could manage demand and increase the flow of clients, this was successful only among certain types of client: those who had the *time* and physical capacity to wait. A similar problem faced those bureaux serving a more dispersed population where a phone-based Gateway service often took a more central place in the triage strategy, namely that, as managers and advisers in urban bureaux were quick to note, it excluded those with limited command of English. This example displays how triage devices used to manage situations of overflow can privilege certain sub-sets of the 'excessive' population in question, as certain forms of 'flow' that compose this overflow (Czarniawska and Löfgren, 2012) are enabled whilst others remain excluded. As will be discussed further below, this framing of overflow is central for understanding the resistances to, and conflicts over, the Gateway system.

ii) Engage those clients with the advice service

Throughout our interviews with advisers the importance of getting clients to *engage* with the advice process was a central concern. Whilst this engagement primarily comprised the recognition that there was a problem (or problems) and a studied appraisal of the different options for dealing with it/them, engagement implies, more importantly, a shift in the subjectivity of the client. As one adviser noted of the typical situation in which this engagement had failed:

So, they've made that initial step, then left it and left it and, all of a sudden, bailiffs have turned up at the door and it's gone a couple of steps worse. And then, all of a sudden, they want an appointment and you're thinking, 'Oh! I wish you'd just carried on engaging at the beginning,' because we could have avoided some of that.
(Naomi: Specialist adviser in a semi-urban bureau)

One of the key problems raised by Sue Evans was the way that this process of engagement was sidelined by the Gateway system as it was originally envisaged. The formulaic list of questions did not incorporate any transformation of the client; all of the work was to be done by the assessor. Not only, as Sue Evans described, does this produce disengagement, confusion, anxiety and wastage (as anger and detachment amongst clients leads to a high non-return rate), it also diverges significantly from the imagination advisers hold of their work. By placing clients into categories to be dealt with at another time or in another place, the assessment turns clients into objects of classification rather than acting subjects.

iii) Direct those people to the correct services

Within the Gateway Assessment system, directing the right people to the right services encompasses four separate tasks: accurately assessing the problem; assessing its degree of urgency; assessing its and severity; and assessing the capacity of that person to solve the problem themselves. The difficulty with completing the first of these tasks is that of the ‘presenting problem’; as Sue Evans noted, “clients do not arrive with readily packaged problems”, or as another manager pointed out, “nobody assumes that the reason you say you’re coming in is actually the reason you come in” (Focus Group of bureau managers). Clients’ understandings of, and ability to describe, their problems are inextricable from affective attachments, relationships, worries for the future, as well as the ongoing negotiation of the client-adviser relationship.

Here, the format of the Gateway assessment (as a set of prescribed questions), its time-limitation and the fact that those carrying out the assessment are not experienced (or indeed trained) in the practice of advice, works against the complexity of the client’s situation. Where advisers were most critical of the Gateway Assessment, it was based on their belief that only through experience, time and a subtlety of questioning can an adviser hope to begin untangling the web of the client’s problems and enable the client to feel confident about engaging with their problems.

Those clients who were considered capable of dealing with the problem themselves, or who had problems outside the expertise of the CAB, were directed to another agency or given information to solve the problem themselves. Here, however, there is a further difficulty for bureaux in understanding whether the triage system is working as there is no longer a relationship with these clients – indeed, they are no longer ‘clients’ of the service.

iv) Preparing clients for the next stage

We have said that Gateway envisaged no attempt to change the client; it sought only, as one manager who supported a more robust model of Gateway stated, to “decide which track you come along” (Gordon: Manager in a rural bureau). As Sue Evans argued above this does not take into account the emotional investment the client has made in accessing the service, and the danger that being asked to return in a few weeks without any indication of what would happen at this appointment might affect their confidence. Gordon argued that there were other ways of achieving this goal;

.. we don’t actually manage their journey. They forget, they forget all about it. .. the reason they’ve got problems is that they’re not hugely organised. Who is? I’m always missing dates in my diary, but these people – they don’t have diaries – we give them an appointment slip, that goes in a glove compartment in the car... So we want to use text messaging to just, say a week out from the appointment, saying, ‘how are you getting on with the financial statement? Have you got all the information that we ...?’ We’re going to give them a checklist basically rather than something to do. ‘Assemble all this, this is what we need you to bring with you, you don’t need to do anything. If you want to have a look at putting some figures in, happy days, have a go, you can, but just make sure you bring all this stuff and yourself back when we need you’ - and just manage them in.

What both managers recognised was that what is lost is the opportunity to capitalise upon the delay between the Gateway Assessment and the follow-on appointment. The expertise of the Gateway Assessor is in identifying which ‘track’ the client should be sent down. Lacking advice expertise, they cannot inform clients of how to prepare for the next stage (debt is a key example in this respect, as this intervening time can be spent completing budget forms and compiling key documents). In sum, as Sue Evans explained, a Gateway Assessor lacking in experience and understanding of the next phase of the advice process is not always able to motivate a client to commit to the necessary preparatory actions, partly because they could not explain with sufficient conviction why the actions requested *matter* to the

success of the process that was to follow. As a result clients often returned unprepared, or more seriously, left the assessment feeling overwhelmed and did not return for their advice appointment.

Running through these four areas of failure and critique is a common problem: by treating clients as objects to be classified and moved through a system, rather than people with problems who need to be engaged from the outset, and by treating advisers as diagnosticians rather than experts with specific skills in relating to clients, the Gateway Assessment system may well have increased throughput of individuals, but at the expense of creating a series of deleterious emotional and practical consequences for clients.

In the next section we examine the problems that the Gateway Assessment system created by also not understanding the importance of advisers' from the outset in the process of advice-work, and then move on to the ways in which this particular form of triage has been reshaped.

Re-shaping Gateway: recognising relational regulation

As previously stated, there was a widespread awareness within the Citizens Advice service of the need for triage systems to regulate demand; several of our interviewees described having developed their own systems for managing the flow of clients in times of excessive demand. When CitA developed a formalised triage system they drew from the experience of a small number of bureaux used as 'trailblazers', an approach suggesting a convergence with recent theories of regulation have been with reflexive forms of co-regulation where the 'regulatees' are involved in the design and implementation of systems of regulation (e.g. McDermont, 2010). However, as we have seen, the when Gateway Assessment was introduced as a mandatory requirement for CAB in England and Wales it was seen as intrinsically inflexible. As a form of top-down regulation, the Gateway Assessment necessarily homogenised the 'regulatees' in question. As described above, what unites bureaux is less any particular form of organisation than a certain *independence* from the centre; in sum, it is their difference from each other that enables their capacity to flexibly serve their very different communities. Thus the experience of irregular take-up and local cultures of implementation reflect the criticisms directed towards the hierarchical, top-down forms of regulation which had been in vogue in the 1970s and 80s (see e.g. Hawkins, 2013: 953).

However, another difficulty arose from the lack of recognition that existing ways of working in advice bureaux had a long history and were understood as the way advice should be delivered. So for some of our interviewees, the problem was not Gateway but rather an entrenched sense of how advice should be delivered amongst existing advisers. One manager described the problems with a drop-in Gateway service, in particular where advisers are drawn into an extended engagement with the problem, as being one of a loss of control;

[W]ith the best will in the world, you lose control, it's just too messy, and I think we've been wrestling with that for years at CAB. And I think they thought they'd solved it with Gateway but the problem was that people didn't buy into it really, they didn't buy into the robustness of: find out what their need is, find out how we can meet it, and then tell them what we're going to do and when. But no, we all got drawn into: 'well, actually, I can see here ... we can probably ...' - we got drawn into that fraying around the edges. [Gordon: Manager in a rural bureau]

As another manager noted, the 'not buying into it' is linked both to a strongly entrenched ethos among advisers, one represented by one of our interviewees in the statement 'advice is as long as it takes', and the organisational structure linking advisers and supervisors;

I knew from three different Bureaux that advisers couldn't do Gateway. I knew they couldn't. But the trouble is what was holding us up here, we had these lovely new people who didn't know how to give advice but they would come and seek a sign-off from the supervisor and the

supervisor would say, 'oh, well, we really also need this, we need this, we need this' – so they wouldn't allow the Gateway assessor just to collect the basic information, which is the contact details, the stuff about the client's profile, and then the answers to maybe 6 questions about employment or family, they wouldn't allow them to do that because they were supervisors with their advice background, who said, 'well, we also need to know da-da-da-da-da.' And that's what was making it so slow. [Polly: Manager in an urban bureau]

For this manager, the problem of implementation of the Gateway Assessment approach was the session supervisors, who would need to abandon long-held beliefs regarding the giving of advice at the first point of contact with the client.

Yet Gateway should not be seen as a 'failed' act regulation; rather, what follows demonstrates the importance of regulatory mechanisms that are responsive. Even in 2010, Citizens Advice recognised that the Gateway Assessment approach was controversial, and issued amended guidance on how it could be used in a more 'flexible' manner (Citizens Advice, 2010). However, at this stage the principle of the highly structured Gateway Assessment interview carried out by specifically trained Gateway assessors was still considered essential to the system.

In the years that followed local bureaux responded to the problems experienced with Gateway in the original form by producing their own local amendments. In some bureaux, the adjustments made concerned the method through which Gateway was performed, with a strong shift from drop-in sessions as the default to phone-based triage, with further push being made for email and web-based triage services. In another, identifying the demand for a triage system became an opportunity to bring together local advice services to provide a shared drop-in service.

However, these amendments left intact the highly structured Gateway Assessment interview delivered by volunteers trained as assessors not advisers. It was these aspects of Gateway that led to a number of serious problems, both of culture and resources. In a paper to the bureau's trustees, Sue Evans described "a cultural, practical and skills and knowledge divide between the two parts of the service [that is, those who delivered Gateway Assessment and those who delivered advice]", leading to difficulties in resourcing the service because the teams delivering Gateway "under skilled for the role we are requiring them to fulfil" and "because we don't have flexibility within the workforce so people can't easily be moved around to fill gaps". Volunteers and clients suffered:

Volunteers at both ends of the service feel the pressure of this lack of flexibility and lack understanding and appreciation of each other's roles ... Clients are sometimes receiving a more disjointed and elongated service than is necessary (Sue Evans, 2012).

Here, the fact that those delivering the advice service were volunteers was an important factor, requiring a recognition of the *relational* nature of the work they carried out as being even more material to their ability to engage. For volunteers, the relationship to advice work was not contractual; they were doing this work because they wanted to. While there were a wide range of reasons for volunteering, including wanting to enhance one's CV or gain work experience, our research also demonstrated the key commitment to a belief in providing support to other citizens (Kirwan, McDermont and Clarke, 2016). If the work they were doing no longer engaged their commitment they could leave – and the experience of some managers was that they did so in response to the difficulties of Gateway.

Moving towards a new form of Gateway

The Bristol solution was to recruit (for voluntary advice roles) only those who had the capability to undergo the full advisor training, and to then multi skill the workforce by training all volunteers firstly as advisors and, only when the newly trained advisor had some advice work experience, to train them

as Gateway assessors. This approach was based on the premise that Gateway Assessment required the skills of the most experienced and highly trained advisers who had the capacity to make quick decisions about whether there were actions that could be taken there in the room and had the capacity to carry this out; they would be able to quickly interpret the Citizens Advice information systems, and, being advisers, could properly and fully prepare the client for what they would face in the next stage of their process.

Citizens Advice have subsequently taken a similar approach, as one manager foresaw:

I think that the service will change next year so that the distance between an assessment and a full advice session will become narrower, and essentially we'll be able to give people the advice that they need in a format we decide, whether that's an hour interview or a 15 minute quick chat. [Rhys, manager, urban bureau]

At its annual conference in September 2013, CitA announced the following changes to the Gateway system

- Lift the no advice rule and allow a discrete piece of advice to be given to a client
- Amend the guide time for the first contact to approx 20 minutes – not intended to be interpreted as rigid.

...

- Gateway assessors may provide advice with support from an Advice Session Supervisor)
- Should a bureau have the interview room capacity and adviser resource to take clients straight to an advice interview they are encouraged to do so, on the basis it does not create long waiting times for other clients. (Citizens Advice, 2013)

The reformulated system of triage, 'Gateway Plus' (as the new system has been termed), adheres to a model of triage as advice work as opposed to triage as classification and organisation. This is not to say that the new triage system is not regulatory: the strict time limit retains the severe restriction upon the long-held belief, raised by one adviser, that 'advice is as long as it takes'; and a key justification for 'Gateway Plus' is the agreement of further regulatory functions placed upon clients between Gateway Assessment and a full advice interview. The difference can be described in terms of how the overflow of advice need is framed; inasmuch as the aim is now 'to enable as many clients as possible to have their problems resolved at the first point of contact without creating long waiting times' (Citizens Advice, 2013), it is an overflow of *problem*-bearing subjects. The regulatory mechanism is oriented now towards the slipperiness and complexity of the 'problem' as it is experienced by the client and the ensuing flexibility required in the practice of the adviser. This alternative form of regulation carried through 'Gateway Plus' is one derived from an understanding of advice work proper to the relational work of advisers, and can be contrasted with the foregrounding of an overflow of *bodies* and the countable flow of clients through the service.

This case study displays how the condition of overflow not only presents an opportunity (Czarniawska and Löfgren, 2012:2), it presents a new space for local, practice-based conflicts over the implementation of organisational tools for managing overflow. We have described how a triage device can seek the 'conduct of conduct' – shaping how advisers approach and understand their work – and also how local practices re-shaped and re-defined the operation of the Gateway Assessment. In this way our case study displays the importance, for 'governmentality' oriented perspectives, to remain attentive to the considerable uncertainty and conflict that can characterise processes of institutional change.

Conclusion: reflections on triage as regulation

As we have shown in this paper, faced with a general condition of overflow, in which advice needs exceed existing capacities, there was a demonstrable need for triage systems in Citizens Advice Bureaux, a need to which many Bureaux had evolved their own responses. We have described how the development and implementation of a ‘triage device’ – the Gateway Assessment’ – to manage this overflow met resistances and conflict, and how these processes can be explained through how overflow itself is framed.

The attempt to regulate ‘from above’ the front-line of the Citizens Advice service through the Gateway Assessment triaging system met a series of obstacles as existing practices of advice work and local situations fell into conflict with the inflexibility of the Gateway Assessment process. Many of these problems hinged on the fact that the original Gateway Assessment *was not advice*. Overflow was framed in terms of an excess of subject-bodies to be processed through the system, as opposed to an excess of problem-bearing subjects, the latter perspective being derived from the relational practice of advice. What has emerged in the Bristol Bureau, and is being replicated elsewhere through the ‘Gateway Plus’ model, is an advice-based triage system staffed by experienced advisers: a system in which triage can slip into advice where necessary. ‘Gateway Plus’ also affords managers greater discretion to shape triage systems that fit their local areas.

By paying attention to the detail of *how* it was that Gateway was seen to fail and was resisted we have identified a number of factors that arose not because Gateway was triage, but because, in seeking a top-down regulation of clients, advisers and bureaux, it had not taken account of the relational and voluntary nature of the advice service. The response to Gateway was the resistance of advice experts: the norms of advice embodied in front-line practice reinforced by the expertise of supervisors and managers. These actors resisted Gateway as a system for turning clients into objects for classification as this forced out their own expertise. Here, we are reminded of Greatbatch et al’s conclusion that “rule-based expert systems capture only part of what experts do” (2005: 804). It was also the resistance of volunteers: those who are not bound to a service but continue because of an emotional connection to its relational practice.

As with many stories of the imposition of systems of regulation from above, the implementation of Gateway involved acts of compliance and acts of resistance, followed by a jostling between actors and a reshaping of the spaces of regulation. These processes were distinctly uneven across bureaux; while there is a general condition of overflow across the advice sector, the dynamics and conditions of excessive client need varied significantly. Thus the original form of Gateway was accepted in some bureaux if ways could be found to solve the problem of client disengagement occurring at the first step of the advice process, and if the bureau could set up alternative mechanisms for ‘managing the client’s journey’ in the periods between appointments. Other bureaux looked for more wholesale reform of Gateway and in doing so have helped re-shape Gateway into Gateway Plus. We argue that, while analysis of techniques of government and governmentality highlight the ways in which organisational devices seek to re-shape the embodied and relational practices of front-line staff, they need to accommodate the uneven and conflicted ways in which these techniques are implemented.

On this note, it is important to finish by stating that the reshaping of spaces of advice is still in motion. As the overflow of client needs continues to increase, not least as the fallout from the ‘Brexit’ decision is expected to further decrease living standards, ‘traditional’ face-to-face models of advice are increasingly jostling with new techniques (of phone, email and web-based services) in a climate of ever-decreasing funding, a situation in which it is increasingly difficult to recognise the relational nature of advice work and role of volunteer advisers.

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